

CHAPTER 4.1

Dental Clinic Operations Reporting (E)

I. POLICY

Each dental clinic within the California Department of Corrections and Rehabilitation (CDCR) shall maintain daily statistical data on dental care provided to inmate-patients. This data shall be recorded on the CDCR Form 7439 Daily Dental Encounter Form (DDEF), tabulated every month and submitted to the Chief Dentist (CD), Dental Program, Division of Correctional Health Care Services (DCHCS)

II. PURPOSE

To establish and maintain a standardized system for collecting, recording and reporting statistical data on dental clinic operations. The data shall be utilized to evaluate direct dental services rendered to inmate-patients in the CDCR.

III. PROCEDURE

Each dental treatment provider shall report to the CD on a monthly basis all dental clinic operation's statistical data on the inmate population, including the following:

- Total number of requests received for dental services via the CDCR Form 7362 *Request for Medical/Dental Services*.
- Requests for dental services not resulting in scheduled clinic visits.
- Delays in dental triages.
- Delays in routine appointments with dentists.

Each treating dentist who provides care during a reporting month shall complete a DDEF, in ink, daily. Reportable procedures, (i.e., plaque/index score, dental preventive education, etc.), that are provided by a dental assistant shall be recorded on the treating dentist's DDEF.

The following data for specific types of dental visits and services rendered shall be recorded daily on the DDEF which, after completion by the clinician, is maintained by the Office Technician (OT):

- A. ***Inmate Category:*** Record each inmate-patient scheduled as either General Population, Administrative Segregation, or Special Housing Unit. The number of entries in these categories should equal the daily total number of patients scheduled.

- B. **Scheduled Visit Failed:** Record as a failed visit (no show), (i.e., the failure to report for any reason of a scheduled inmate-patient) indicating the reason for the failure to appear.
- C. **Scheduled Visit Canceled by Clinic:** Record each scheduled visit that was canceled by the clinic, the inmate-patient, or by custody, for any reason.
- D. **Dental Visit:** Each visit that resulted in care being provided by a dentist shall be recorded as either a Scheduled Visit Triage, Scheduled Visit Treatment, or as an Unscheduled or Emergency Visit. Unscheduled dental visits are visits that are established on either the day before, or on the same day treatment is rendered, as a “work in” or “walk in” and which are added to the DDEF. The number of visits recorded at the end of the workday should equal the total daily number of dental visits.
- E. **Services Rendered:** Each visit that resulted in care being provided by a dentist shall indicate the dental service, or procedure, rendered. For a list of dental procedures see Table 1: *Daily Dental Encounter Form - Services Rendered*.
- F. Dental Clinic Access to Care Data (DCACD).

The CDCR Form 7433 Request for Dental Treatment Log (RDTL) and the CDCR Form 7434 Daily Dental Treatment/Appointment Log (DDTAL) shall be used to record data regarding inmate-patient access to dental care. The following data shall be derived from the logs on a monthly basis by the OT and shall be maintained by the CD for a period of five years:

- The number of inmate-patient requests for dental services received per month.
- The number of delays in scheduling appointments for inmate-patients per month.
- The number of inmate-patient requests not in compliance with CDCR access to care guidelines that remain unresolved per month.

Delays in scheduling dental triages and appointments during the reporting month shall be determined by a review of the RDTL and the DDTAL.

- G. Submission of Dental Clinic Operations/Access to Care Data
1. The OT shall collect all the DDEF's on a daily basis and submit the tabulated data to the CD on a weekly basis. On a monthly basis the OT shall compile the DDEF data for the entire institution and The CD shall forward the data described in subsection F above, by fax or e-mail, to the CD, Dental Program, DCHCS by the seventh working day of the month following the reporting month.
- The DDEF used at the institution level on a daily basis shall have the Date, Facility, and Dentist's name typed or printed legibly in ink, and shall be signed by the provider. A provider's initials are not acceptable.

The monthly DDEF containing the combined data for the entire institution, and which is sent to the CD, Dental Program, DCHCS, shall have the Month, and Name of the Institution typed or printed legibly in ink.

2. The priority of care recorded at the bottom of the DDEF shall be the priority for that inmate-patient at the end of that day's appointment. The appropriate columns for the inmate-patients seen shall be completed according to the definitions provided for dental visits and services rendered, as outlined in Section III. Procedure, subsections A., B., C., D., and E., of this chapter. It is not necessary to subtotal or total procedures on the DDEF used at the institution level on a daily basis.
3. Each CD shall maintain copies of the DDEF on file for a period of five years.

Table 1: Daily Dental Encounter Form - Services Rendered

Code	Procedure	Description	Credit
<i>I. Diagnostic:</i>			
D0120	Periodic Oral Exam	Examination performed at an Assigned Facility; Every two years for inmates up to the age of 49; Annually for inmates 50 years old and above.	One procedure for each examination.
D0125	Identification Charting	Procedures required to initiate a patient's dental health record (i.e., filling out initial paperwork.)	One procedure per patient record charted.
D0130	Other (Sick Call) Examination	Examination for the diagnosis of a specific complaint.	One procedure for each examination.
D0133	Screening Exam	Initial examination provided at Reception Center (RC).	One procedure for each examination.
D0140	Comprehensive Examination	Examination for the purpose of determining overall treatment needs and a sequential plan of treatment.	One procedure for each new or updated treatment plan recorded and dated in the Diseases and Abnormalities section of the CDCR 237B or the Subsequent Diseases and Abnormalities section of the CDCR 237 C. Two procedures for each charting of generalized Moderate or Advanced periodontal conditions when the findings are recorded on the CDCR 7431 Periodontal Examination Chart.
D0155	Written Consultation	The written request for, or written response to, a professional consultation or recommendation.	One procedure per consultation.
D0160	Blood Pressure Reading	Monitoring of an inmate-patient's blood pressure before, during, or after treatment.	One procedure per blood pressure taken during a visit.
D0200	Intraoral Film	Bite-wing, periapical, or occlusal film.	One procedure per intraoral film.
D0210	Intraoral series	Periapical radiographs of all teeth and edentulous areas. Includes bite-wing radiographs of all posterior teeth when applicable. Credit one per series exposed.	One procedure per intraoral series.
D0330	Panographic Film	Panoramic film or other specialized radiograph made with a panoramic machine.	One procedure per panographic film.
D0460	Endodontic Diagnostic Test	Pulp vitality test involving one or more teeth and contralateral comparison(s), as indicated.	One procedure per visit.

Table 1: Daily Dental Encounter Form - Services Rendered

Code	Procedure	Description	Credit
<i>II. Preventive:</i>			
D1110	Prophylaxis	Removal of exogenous stain, plaque, and supragingival calculus by polishing and/or instrumentation on inmate-patients in good or normal periodontal health.	One procedure per inmate-patient visit.
D1204	Topical Fluoride	Direct topical application of concentrated fluoride substances to the entire dentition. Fluoride in prophylaxis paste does not qualify.	One procedure for each inmate-patient application.
D1330	Individual OHI	Individual counseling/demonstrations in oral health self-care. Counseling may be provided in conjunction with other procedures but time must be spent specifically for counseling/demonstration (incidental references to oral hygiene do not qualify).	One procedure for each individual counseling/demonstration session.
D1331	Group OHI	Oral health self-care counseling or demonstrations provided in a group setting.	One procedure for each group counseling/demonstration session.
D1360	Plaque and Tissue Indices	Clinical indices and tests used to identify bacterial plaque accumulation and/or to determine soft tissue health and response (e.g., plaque, debris, and periodontal indices; bleeding points)	One procedure for each plaque or tissue index taken and recorded on the CDCR 237 B, CDCR 237 E, or CDCR 7431.
<i>III.-Restorative:</i> Credit includes cavity preparation, placement of liners, matrices, and restorative material; Also includes finishing procedures accomplished during the appointment.			
D2140	Amalgam, 1 surface	The use of metal amalgam filling material to replace a portion (or portions) of one surface of a tooth.	One procedure per one surface amalgam placed. Limited to one per tooth surface restored.
D2150	Amalgam, 2 surface	The use of metal amalgam filling material to replace adjoining portions of two surfaces of a tooth.	One procedure per two surface amalgam that requires a matrix. Limited to two per tooth restored.
D2160	Amalgam, 3 surface	The use of metal amalgam filling material to replace adjoining portions of three surfaces of a tooth.	One procedure per three surface amalgam that requires a matrix. Each cusp covered counts as one surface.
D2161	Amalgam, 4 or more surfaces	The use of metal amalgam filling material to replace adjoining portions of four or more surfaces of a tooth.	One procedure per four or more surface amalgam that requires a matrix. Each cusp covered counts as one surface.
D2388	Glass Ionomer	The use of glass ionomer to restore a tooth.	One procedure per tooth restored.
D2330	Resin-1 surface, Anterior	The use of composite resin filling material to replace a portion of one surface of a tooth.	One procedure per one surface anterior resin placed. Limited to one per tooth surface restored.

Table 1: Daily Dental Encounter Form - Services Rendered

Code	Procedure	Description	Credit
D2331	Resin-2 surfaces, Anterior		One procedure per two surface anterior resin placed. Limited to two per tooth restored.
D2332	Resin-3 surfaces, Anterior	The use of composite resin filling material to replace adjoining portions of three surfaces of a tooth.	One procedure per three surface anterior resin placed.
D2335	Resin-4 or more surfaces, or involving incisal angle, Anterior	The use of composite resin filling material to replace adjoining portions of four or more surfaces of a tooth.	One procedure per four or more surface anterior resin placed.
D2910	Recement, inlay, crown, etc.	Inlay, crown, or retainer permanently recemented with a permanent cement or recementation of a cast restoration.	One procedure per restoration recemented.
D2940	Sedative/Temporary Restoration	Placement of a sedative or temporary restoration, or the temporary cementation/recementation of a cast restoration.	One procedure per tooth temporized/restored.
D2951	Pin Retention	Threaded, cemented, or friction-locked pin placed for retention or resistance form in a restoration.	One procedure per pin placed in a pin retained restoration.
D2956	Intermediate Base	Placement of base material to provide pulpal protection and/or internal cavity form, excluding pulp caps and varnishes.	One procedure per tooth restored.
D2954	Post Retention	Prefabricated post placed in an endodontically treated root canal space for retention or resistance form of a restoration.	One procedure per post placed in a post reinforced restoration.
D2960	Rubber Dam Application	Use of a rubber dam during the placement of one or more Sedative/Temporary or Permanent Restorations.	One procedure per patient visit.
IV. Endodontics:			
D3110	Direct Pulp Cap	Placement of a dressing or cement directly over an exposed pulp.	One procedure per tooth treated.
D3120	Indirect Pulp Cap	Placement of a protective dressing over a thin layer of remaining dentin.	One procedure per tooth treated.
D3220	Pulpotomy	Surgical removal of a portion of the pulp with the aim of maintaining the vitality of the remaining portion by means of an adequate dressing.	One procedure per tooth treated.
D3230	Pulpectomy, Total	Total removal of the dental pulp.	One procedure per tooth treated.
D3231	Pulpectomy, Partial	An opening through the crown into the root canal space to establish drainage.	One procedure per tooth treated.
D3311	Anterior Root Canal, 1 canal	The internal debridement, cleaning, shaping, and permanent obturation of the root canal system. This excludes temporary and final restorations.	One procedure per tooth completed.

Table 1: Daily Dental Encounter Form - Services Rendered

Code	Procedure	Description	Credit
D3321	Premolar Root Canal, 1 canal	The internal debridement, cleaning, shaping, and permanent obturation of the root canal system. This excludes temporary and final restorations.	One procedure per tooth completed.
D3322	Premolar Root Canal, 2 canals	The internal debridement, cleaning, shaping, and permanent obturation of the root canal system. This excludes temporary and final restorations.	One procedure per tooth completed.
D3332	Molar Root Canal, 2 canals	The internal debridement, cleaning, shaping, and permanent obturation of the root canal system. This excludes temporary and final restorations.	One procedure per tooth completed.
D3333	Molar Root Canal, 3 canals	The internal debridement, cleaning, shaping, and permanent obturation of the root canal system. This excludes temporary and final restorations.	One procedure per tooth completed.
D3334	Molar Root Canal, 4 or more canals	The internal debridement, cleaning, shaping, and permanent obturation of the root canal system. This excludes temporary and final restorations.	One procedure per tooth completed.
D3360	Endodontic Interim Treatment	Treatment accomplished during the course of root canal therapy.	One procedure per tooth treated per interim inmate-patient visit. <i>Note: Do not credit on the first or last appointment or in conjunction with any above listed procedures.</i>
V. Periodontics:			
D4210	Gingivectomy or Gingivoplasty	The excision of the soft tissue wall of supra-bony pockets, or the reshaping of gingival deformities to improve form and function.	One procedure per quadrant treated.
D9951	Occlusal Adjustment, Limited	Reshaping the occlusal or incisal surfaces of natural teeth by grinding and polishing to improve inter-arch contact relationships. Involves only one or a few selective teeth.	One procedure per visit.
D9952	Occlusal Adjustment, Complete	Reshaping the occlusal or incisal surfaces of natural teeth by grinding and polishing to achieve harmonious contact during functional movement. Involves all or nearly all teeth present and no further adjustment is required.	One procedure per completed adjustment
D4342	Periodontal Scaling (per quadrant)	The use of instrumentation to completely remove supragingival and subgingival calculus along with bacterial debris.	One procedure per completed quadrant.
D4341	Periodontal Scaling and Root Planing (per quadrant)	The complete surgical or non-surgical removal of subgingival calculus as well as the smoothing of root surfaces with scalers and curettes, normally requiring local anesthesia.	Three procedures per quadrant completed.

Table 1: Daily Dental Encounter Form - Services Rendered

Code	Procedure	Description	Credit
<i>VI. Removable Prosthodontics:</i>			
D5110	Complete Denture - Maxillary	A prosthesis that replaces the entire dentition and associated structures of the maxilla.	One procedure per completed prosthesis delivered.
D5120	Complete Denture - Mandibular	A prosthesis that replaces the entire dentition and associated structures of the mandible.	One procedure per completed prosthesis delivered.
D5130	Complete Immediate Denture	A complete denture constructed for insertion immediately following the removal of all remaining natural teeth.	One procedure per completed prosthesis delivered.
D5201	Partial Denture, Resin	A removable prosthesis that replaces one or more but not all of the natural teeth of the maxilla or mandible and is constructed entirely of acrylic resin with or without wire retention clasps.	One procedure per completed prosthesis delivered.
D5215	Partial Denture, Cast Metal	A removable prosthesis that replaces one or more but not all of the natural teeth of the maxilla or mandible and is constructed of cast metal or cast metal with acrylic resin.	One procedure per completed prosthesis delivered.
D5611	Complete Denture Repair (per unit)	Any repair to an acrylic resin base complete denture. Includes tooth replacement.	One procedure for each prosthesis repaired.
D5621	Partial Denture Repair (per unit)	Includes any repair to an acrylic resin base partial denture, cast metal framework, cast metal or wire clasp, and tooth replacement or addition.	One procedure for each prosthesis repaired.
D5736	Denture Reline, Chairside (per unit)	To resurface the tissue side of a complete or partial denture with new base material, tissue conditioning material, or other interim lining.	One procedure for each denture relined.
D5751	Denture Reline, Lab (per unit)	To resurface the tissue side of a complete or partial denture with a laboratory processed material.	One procedure for each denture relined.
D5105	Impression (per unit)	A negative likeness of the surfaces of the oral cavity from which a dental cast is fabricated.	One procedure per diagnostic or prosthetic impression per inmate-patient visit.
D5820	Jaw Relations	An interim step in the fabrication of a removable prosthesis during which the patient's occlusion, vertical dimension, and soft tissue support needs are recorded.	One procedure per inmate-patient visit for jaw relations.
D9940	Occlusal Guard	A removable dental appliance which is designed to minimize the effects of bruxism or clenching.	One procedure per appliance delivered.
D5117	Wax Try In	An interim step in the fabrication of a removable prosthesis that allows for evaluation and correction of the occlusion,	One procedure per prosthetic unit per inmate-patient visit for a wax try in..

Table 1: Daily Dental Encounter Form - Services Rendered

Code	Procedure	Description	Credit
		vertical dimension, soft tissue support, function, and esthetics of the prosthesis.	
<i>VII. Fixed Prosthodontics:</i>			
D6711	Crown, Resin, Interim	An interim crown to be used for a short period of time until more definitive prosthodontic therapy can be provided.	One procedure per tooth restored.
D6719	Crown, Stainless Steel	Used to restore a tooth when conventional restorative materials are not a viable option.	One procedure per tooth restored.

Table 1: Daily Dental Encounter Form - Services Rendered

Code	Procedure	Description	Credit
<i>VIII. Oral Surgery:</i>			
D7110	Tooth Removal	Extraction of a tooth or root not requiring sectioning or bone removal. (For removing root tips, credit one per root tip that has been pathologically separated from the crown.)	One procedure per tooth or root removed.
D7120	Tooth Removal, Complicated	Extraction of a tooth or root with surgical sectioning and or bone removal required.	One procedure per tooth or root removed.
D7130	Tooth Removal, Impacted	Surgical removal of a tooth that is partially or completely covered by bone and/or soft tissue. Hemi-section of tooth for removal. Surgical flap procedure for removal of a tooth.	One procedure per tooth removed.
D7320	Alveoloplasty	Contouring the alveolar structure in combination with multiple extractions or as a separate procedure to facilitate prosthetic rehabilitation.	One procedure per arch sextant.
D7511	Incision and Drainage	Surgical intervention to establish drainage.	One procedure per inmate-patient visit.
D7520	Biopsy	Incisional or excisional, hard or soft tissue.	One procedure per separate specimen submitted.
D7902	Osteitis Treatment	Management of painful localized postoperative inflammation of unknown etiology at extraction site. This includes placement of medicaments and dressings.	One procedure per location per inmate-patient visit.
D7903	Pericoronitis Treatment	Conservative management of pericoronitis associated with an impacted tooth.	One procedure per inmate-patient visit. <i>Note: Do not credit in conjunction with any above listed procedures.</i>
<i>IX. Adjunctive Clinical Services:</i>			
D9215	Full Denture Local anesthetic	Use of local anesthetic agents via block or infiltration injections.	One procedure per inmate-patient visit.
D9231	Intravenous Sedation/Analgesia	Use of intravenous medications to induce a depressed level of consciousness that allows the inmate-patient to independently and continuously maintain an airway and to respond appropriately to physical stimulation or verbal command.	One procedure per inmate-patient sedated.
D9631	Prescription		One procedure per pharmacy item prescribed.
D9710	CTC/Hospital Ward Rounds	Evaluations and examinations of hospitalized patients to determine current conditions, write orders, and give instructions.	One procedure per inmate-patient seen.
D9720	Hospital Admissions	Includes completion of history, physical examination, and other procedures necessary for hospitalization of a patient.	One per inmate-patient admitted.
D9918	Postoperative	Treatment provided subsequent to actual	One procedure per inmate-patient visit

Table 1: Daily Dental Encounter Form - Services Rendered

Code	Procedure	Description	Credit
	Treatment	treatment rendered. Includes: removal of sutures and maxillofacial devices, adjustment of occlusion involving premature restoration contact, denture adjustments, changes of packs and dressings, postsurgical evaluation and irrigation.	<i>Note: Do not credit in conjunction with Procedure D7902.</i>
D9975	Patient Handling Time, Diagnostic and Preventive	Time needed to receive and prepare patient, reassemble record, dismiss patient, and cleanup dental treatment room (DTR).	One procedure per inmate-patient visit where ONLY diagnostic and/or preventive services are provided.
D9976	Patient Handling Time, All Other Clinical Services	Time needed to receive and prepare patient, reassemble record, dismiss patient, and cleanup DTR.	One procedure per inmate-patient visit where any clinical service with a code of 2000 or greater is accomplished.
X. Time management:			
	Patient No Show and Rescheduled due to: Custody , or Inmate .	Indicate whether inmate failed appointment due to Custody issues beyond their control (e.g. lockdowns, incidents, no escort available, etc.) or Inmate personal issues (e.g. illness, family visit, conflicting ducat, etc.)	Mark appropriate line.
	Patient No Show – NOT Rescheduled due to: Refusal , or Not at Institution .	Indicate whether Inmate Refused to show for appointment (CDCR Form 7225 must be signed) or did not show because they are Not at the Institution (e.g. paroled, transferred, out to court, etc.).	Mark appropriate line.
	Patient Showed – Rescheduled due to: Custody , Inmate , or Dental .	Indicate whether inmate showed up for the appointment but was rescheduled at the request of Custody (e.g. emergency count, yard recall, etc.), the Inmate (e.g. illness, upcoming family visit, etc.), or Dental (e.g. staff shortage, equipment failure, time constraints, supply issues, etc.)	Mark appropriate line.
	Patient Showed – Rescheduled due to: Medical Alert .	Indicate that the inmate showed up for appointment but had to be rescheduled for medical reasons (e.g. needed medical evaluation prior to treatment, etc.)	Mark line.
	Patient Showed – NOT Rescheduled due to: Refusal	Indicate that the inmate showed up for appointment, refused treatment, and was not rescheduled due to the refusal. (CDCR Form 7225 must be signed. Inmate to be rescheduled after they submit another request.)	Mark line.
	Inmate Appeals Interview	Indicate that appointment was for an interview concerning an inmate appeal.	Mark line.

CHAPTER 4.2

Licensure and Credential Verification (E)

I. POLICY

The California Department of Corrections and Rehabilitation (CDCR) shall ensure that all health care services employees and health care contractors, whose positions or job descriptions require licensure or credentialing, are in compliance with all Federal and State licensing and credentialing requirements prior to employment.

II. PURPOSE

To ensure compliance with all Federal and State requirements regarding the licensure, registration, and/or certification of health care personnel within the CDCR, and to establish criteria for the granting of privileges to dental personnel employed by the CDCR.

III. PROCEDURE

- A. Each applicant, when being interviewed and prior to being hired, must submit a copy of his or her relevant Dental license, Drug Enforcement Agency registration (where applicable), and Basic Life Support certification, or a letter of verification from the licensing or certifying agency, to the hiring authority. Applicants are not eligible for employment without proof of current licensure or credentials.
- B. The hiring authority shall be responsible for verifying credentials with the appropriate accrediting agency.
- C. Each employee shall thereafter be responsible for keeping his or her credentials current and for providing verification of renewal to his or her supervisor.
- D. Employees who do not maintain current licensure are ineligible for further employment at the time of the expiration of their license.
- E. Verification of current credentials shall be maintained at the facility of assignment by the local personnel section, and the Chief Dentist.
- F. All health care staff and contractors shall comply with the Division of Correctional Health Care Services Governance and Administration Regulations Professional Screening and Initial Credential Policy.

IV. DENTAL PRIVILEGE CATEGORIES AND QUALIFICATIONS

- A. **Category 1** – A Category 1 dentist shall possess a current California Dentist License; a current Federal Drug Enforcement Administration Registration; a current basic life support and cardiopulmonary resuscitation certificate; satisfactory training and/or experience, and professional/personal references.

CATEGORY 1 DENTISTS' PRIVILEGES. A Category 1 dentist may:

1. Perform dental chart reviews.
2. Provide dental consultations and referrals.
3. Supervise dental assistants.
4. Perform routine dental laboratory procedures, (i.e., pour and trim models, design removable partial prosthetics, and adjust removable prosthetics).
5. Follow Centers for Disease Control and Prevention, OSHA, and CDCR dental infection control policies.
6. Provide emergency, urgent and routine/comprehensive dental care to assigned inmates.
7. Perform prophylaxis, scaling, root planning, gingival curettage, oral hygiene counseling and patient education, application of topical fluoride and occlusal/interproximal remineralization, as well as other preventive procedures.
8. Perform oral diagnosis including examinations, the exposure, processing, and interpretation of radiographs, treatment planning, and health treatment evaluation.
9. Provide treatment of localized oral infections.
10. Perform routine operative dentistry.
11. Place splints, including extracoronal and intracoronal periodontal splints, and perform splinting of traumatically mobilized teeth.
12. Provide routine removable prosthetics.
13. Perform routine endodontics of anterior teeth.
14. Perform re-implantation of avulsed teeth.
15. Perform incision and drainage (intra-oral).
16. Perform uncomplicated removal of teeth, including soft tissue impacted teeth.
17. Provide treatment of oral manifestations of systemic disease.
18. Provide treatment of early and moderately advanced periodontitis.
19. Perform frenectomies and removal of benign soft tissue lesions.
20. Perform reductions of Temporomandibular Joint (TMJ) dislocations.
21. Perform repairs of simple traumatic wounds of the lip and intra-oral region.

B. Category 2 – A Category 2 dentist shall possess all category 1 qualifications, plus documented/demonstrated acceptable training/experience in the privileges requested.

DENTISTS' PRIVILEGES. A Category 2 dentist may:

1. Perform apicoectomies.
2. Provide non-surgical treatment of TMJ abnormalities.
3. Provide treatment for complicated periodontitis.
4. Perform complicated endodontics.
5. Perform complicated exodontias including removal of bony impacted teeth.
6. Perform removal of exostoses.
7. Perform soft tissue grafts of the intra-oral region.
8. Perform vestibuloplasties.

9. Provide full mouth occlusal rehabilitation.
10. Perform complicated prosthetics including dentures on surgically augmented ridges, and the design and construction of over-dentures.
11. Perform routine enucleation of intra-oral cysts.
12. Perform alveoloplasties with or without extractions.
13. Perform occlusal adjustments.
14. Design and fabricate occlusal guards and bite guides.
15. Perform routine intra-oral, and oropharyngeal biopsies.

C. Category 3 – A Category 3 dentist shall possess all category 1 and 2 qualifications, plus documented full-time postgraduate dental training applicable to CDCR requirements as evidenced by Board certification in oral surgery, or successful completion of an approved residency in oral surgery.

DENTISTS' PRIVILEGES. A Category 3 dentist may:

1. Perform inmate-patient admissions to CDCR hospitals or to local contract hospitals where staff privileges for oral surgery services are maintained.
2. Perform closed and/or open reductions under general anesthesia of maxillo-facial fractures.
3. Perform surgical ridge augmentations.
4. Perform repairs of complex traumatic wounds to the lips, intra-oral, and oropharyngeal regions.
5. Perform Caldwell-Luc procedures.
6. Perform sialography and TMJ arthograms.
7. Provide treatment of dental and alveolar pathology, trauma, and/or abnormalities.
8. Provide treatment of diseases of the oral mucous membranes.
9. Provide treatment of infections and/or inflammation requiring access from the facial, intra-oral, and oropharyngeal regions.
10. Provide non-surgical treatment for facial pain, Temporomandibular Joint Dysfunction (TMD), including neurectomies and alcohol injections.
11. Provide treatment of atrophic and hyperthropic conditions of oral tissue.
12. Provide treatment of cysts and tumors of the lips, intra-oral, and oropharyngeal region.
13. Perform repairs of acquired or congenital craniofacial deformities of the maxilla or mandible that interfere with the health of the inmate-patient.
14. Provide treatment of intra-oral, and oropharyngeal anomalies.
15. Provide treatment using extra-oral maxillofacial prostheses.

V. ACKNOWLEDGEMENT OF PRACTITIONER

All CDCR dental health care employees or dental health care contractors must sign an *Acknowledgment of Practitioner*, which shall state:

ACKNOWLEDGEMENT OF PRACTITIONER

I understand that in exercising any dental clinical privileges granted to me, I am constrained by any California Department of Corrections and Rehabilitation and Division of Correctional Health Care Services policies and rules that are generally applicable, including any that apply to the particular situation.

Signature of Practitioner: _____ Date: _____

Name of Practitioner: _____

CHAPTER 4.3

Dental Peer Review (E)

I. POLICY

The California Department of Corrections and Rehabilitation (CDCR) Division of Correctional Health Care Services (DCHCS) Statewide Professional Practices Program Committee shall maintain a Peer Review Subcommittee (PRS) for the purpose of providing oversight and coordination of statewide professional peer review processes in order to achieve the DCHCS's strategic objectives. The DCHCS PRS shall plan, develop, manage, and improve the peer review process in order to assist the institution PRS in fostering the continuous professional development and training of the clinical workforce. The Dental Peer Review process shall adhere to all aspects of the DCHCS Governance and Administration Policy on Peer Review Subcommittees.

II. PURPOSE

To achieve and maintain the highest possible standards of professional, ethical, dental health care delivery through peer review of the quality of professional services provided. The review process shall assure inmate-patient safety and quality of care and shall not be construed as punitive. The process shall be viewed as educational, with the ultimate goal of continuously improving the quality of inmate-patient care. Proceedings of peer review committees are protected by Section 1157 of the *Evidence Code* and Section 2318 of the *Business and Professions Code*.

III. PROCEDURE

Peer review is a process whereby licensed practitioners such as dentists and physicians evaluate the professional activities of their colleagues. Peer review is intended to ensure that acceptable dental care is provided to inmate-patients. The peer review process attempts to promote good dental practice culminating in consistently positive outcomes from the dental care provided. Within the CDCR, peer review shall be performed by organized medical staff, functioning within a set of written by-laws, overseen by the CDCR and the DCHCS governing bodies.

- A. Each CDCR facility shall establish a Dental Peer Review Committee (DPRC) composed of:
 - 1. A staff dentist elected as chairperson of the Committee by the other staff dentists at the facility.
 - 2. A staff dentist elected as vice- chairperson of the Committee by the other staff dentists at the facility.
 - 3. Whenever a DPRC member has a possible conflict of interest or potential difficulty with impartiality due to his or her involvement in a case currently under review, they shall be temporarily replaced by a staff dentist at the facility or from another facility, selected by the DPRC at the facility, or from another facility.
 - 4. Meeting minutes shall be recorded by the office technician (OT).

- B. Organized medical staff at the institution shall implement a direct peer review process to exercise concurrent and direct observation in the following operations:

1. Privileging

The committee's focus shall be on aspects of the candidate's behavior, professional ethics, and performance. The committee shall have a set of written goals and objectives directed towards:

- Identifying desirable qualities for organized staff membership and privileges.
- Identifying a conflict between privileges requested and actual education, training, or recent practice experience.
- Identifying any candidate's demands or expectations that are beyond the capacity of CDCR policies and mandates.
- Identifying values and attitudes that are in conflict with those of the CDCR and the DCHCS.
- Identifying conflicts with a peer review process.
- Identifying gross mental and physical disabilities that are inconsistent with requested privileges.

2. Proctoring and Mentoring.

The Chief Dentist (CD), or designee, shall utilize the process of proctoring and mentoring to assess a dentist's skills and to ensure he or she has the capabilities needed to adequately perform the privileges granted. Reports of cases used for proctoring shall be included in the dentist's supervisory file. If proctoring cases fail to satisfy the DPRC's requirements, the privileges granted may be denied and further training/action may be required, with consideration of the candidate's judgment, skills, recognition and management of complications and treatment outcomes. The proctoring policy for the DPRC shall include:

- Both inmate-patient and procedural management review.
- Cases sufficient in complexity and in number to demonstrate the dentist's competency in a representative sample of privileges requested.
- Procedures that ensure that the proctor shall function as an observer of the case, not a consultant or assistant.
- Provision for all dentists to be proctored without exceptions.
- Provision for dentists outside of the local facility to be utilized by the DPRC as proctors.
- Procedures that ensure that a minimum of six chart review cases and three clinical review cases shall be required during the proctoring period and that allow for the proctoring period to be extended in 30-day increments up to a total of 12 months.
- Provision for proctors to complete a mandatory Peer Chart Review Worksheet for each chart reviewed.

- Procedures stipulating that proctors shall complete a Dental Proctoring Clinical Review Worksheet for each clinical case reviewed.
- Procedures stipulating that all proctors shall complete a Dental Proctoring Evaluation – Dental Staff Appointment worksheet at the conclusion of the proctoring period.

3. Consultation

The DPRC may utilize an outside consultant for an independent evaluation of a case.

4. Investigation Monitoring

Cases suggestive of marginal or delinquent care may be identified by the DPRC for investigation monitoring. The purpose of investigation monitoring is not to punish, but to collect additional data about the overall skills of a dentist whose practice is being questioned. Investigation monitoring is intended to make judgments about the general exercise of privileges in cases not otherwise identified as questionable, or to determine whether there is an emerging pattern of poor performance.

C. The peer review process shall be utilized in evaluating inmate-patient care using generic screening criteria and methodologies such as chart reviews and patient outcome data as well as other logs and reports. During the evaluation process each procedure and service shall be reviewed to determine:

- Appropriateness – were the right tests and examinations selected? Were the correct conclusions drawn? Were the appropriate treatments applied?
- Competence – Was the care delivered in a professional, competent manner? Were interventions timely, well performed, and free of technical error? Were changes correctly perceived and followed by appropriate modification in the diagnosis or treatment plan?
- Outcome – Given the severity of the patient's illness at the time of treatment, the acuity of its progression and complexity of co-morbid conditions, did the patient achieve the optimal outcome that could be reasonably expected?

D. Definitive Review and Action – if an issue is identified during the screening process, the observations and the records shall be sent to the DPRC for definitive review and action. All peer review records shall be kept confidential with anonymous references to the treating dentists and the inmate-patients in order to remain privileged and immune from disclosure.

1. All definitive reviews and actions shall conclude with one of the following general recommendations:

- Care was appropriate.
- The indicators were not met and appropriate policy or education is recommended.
- The indicators were not met and corrective action is recommended.

2. Criteria for Definitive Actions include:

- Variables associated with dentist technique and judgment.

- Variables associated with inmate-patient death.
 - Variables associated with major iatrogenic injury.
 - Variables associated with the dentist exceeding clinical privileges.
 - Variables associated with lawsuits.
 - Series of variables associated with the same dentist.
 - Variables associated with complications requiring significantly increased care.
3. Corrective actions – Corrective actions are based on authority granted to the medical staff by its by-laws, CDCR and DCHCS policies and regulations. The corrective action must be individualized, consistent, and fair.

Dental Proctoring Evaluation Worksheet For Dental Staff Appointment

Dentist's Name: _____

I. PROCTORING RESPONSIBILITIES;

- ☐ Proctoring requirements have been satisfactorily completed. Practitioner has demonstrated competency in performing the clinical privileges he or she was provisionally granted.
- ☐ Proctoring requirements are not considered complete. The following reports are still incomplete:

II. BASIC MEMBERSHIP:

YES

NO

- A. Able to perform all procedures for which they have requested privileges without reasonable accommodation and according to accepted standards of professional performance, without posing a direct threat to inmate-patients ☐ ☐
- B. Has conducted himself/herself in a cooperative, friendly, and professional manner. ☐ ☐
- C. Has complied with the by-laws, rules, policies, and regulations of the CDCR and the DCHCS. ☐ ☐
- D. Has maintained timely and complete medical/dental records ☐ ☐

III. RECOMMENDATIONS:Advancement from provisional staff to active staff ☐ ☐Extend provisional status for _____ months
Reasons: ☐ ☐Remove from staff
Reasons: ☐ ☐

- ☐ This is to verify that the above-mentioned practitioner has completed the minimum proctoring requirements established per DCHCS policies and the local Correctional Treatment Center (CTC) by-laws. I hereby release the practitioner from basic observation and proctoring requirements per DCHCS policies and the local CTC by-laws, having reviewed satisfactory proctoring.

- ☐ This is to verify that the above-mentioned practitioner has completed the minimum proctoring requirements established per DCHCS policies and the local CTC by-laws. Having reviewed the proctoring, the following unacceptable areas are noted:
- _____
- _____

Proctor's Name: _____

Signature: _____

Date _____

DENTAL PEER REVIEW WORKSHEET

Treating Dentist Name: _____ Date of Review: _____

CDCR # of Chart Reviewed: _____ Date of Service(s) Start: _____ Stop: _____

Below Average

Above Average

1. Subjective (SOAPE) Notes (Did the notes clearly describe the subjective findings?) Comment: _____	1	2	3	4	5	6	7	8	9	10
2. Objective (SOAPE) Notes (Did the notes clearly describe the objective findings?) Comment: _____	1	2	3	4	5	6	7	8	9	10
3. Assessment (SOAPE) Notes (Did the assessment seem appropriate for the conditions described in the Subjective (S) and Objective (O) notes?) Comment: _____	1	2	3	4	5	6	7	8	9	10
4. Plan (SOAPE) Notes (Did the plan seem appropriate for the assessment?) Comment: _____	1	2	3	4	5	6	7	8	9	10
5. Education (SOAPE) Notes (Did the education notes seem to reflect the patient's understanding of the important issues during the health care visit?) Comment: _____	1	2	3	4	5	6	7	8	9	10
6. Health History (Was the health history of the patient reviewed?) Comment: _____	1	2	3	4	5	6	7	8	9	10
7. Diagnostic Tests Including X-ray (Was there adequate diagnostic tests including x-rays used in the diagnosis?) Comment: _____	1	2	3	4	5	6	7	8	9	10
8. Medication (Did the medication that was prescribed seem appropriate?) Comment: _____	1	2	3	4	5	6	7	8	9	10
9. Follow-Up (Was or could a follow-up be appropriate in this case and was it timely?) Comment: _____	1	2	3	4	5	6	7	8	9	10
10. Legibility (Was the documentation legible?) Comment: _____	1	2	3	4	5	6	7	8	9	10
11. Complexity (circle one) (How complex was this case?) Comment: _____	Simple			Average				Difficult		

Scoring:

Total Score: _____

- 75-100** No further action required. (Any single score(s) of 5 or below will be referred to the Dentist for discussion and review and/or correction or aftercare.)
- 50-74** Referred to Dentist for discussion and review. (Any score(s) of 5 or below will be referred to the Dentist for discussion and review and/or correction or aftercare.)
- Below 50** Referred to Dentist for discussion and review and/or correction or aftercare. (The Chief of Staff may be notified.)

Reviewing Dentist Signature _____

Print Name _____

Date _____

During the peer review, a minimum of five chart review cases per staff dentist shall be reviewed. The identity of the reviewing dentist shall remain anonymous and kept confidential.

DENTAL PROCTORING - CLINICAL REVIEW WORKSHEET

Treating Dentist Name: _____ Date of Review: _____

CDCR # of Chart Reviewed: _____

	Below Average							Above Average		
	1	2	3	4	5	6	7	8	9	10
1. Pre-clinical (Were appropriate dental records completed and reviewed including the health history?)										
Comment: _____										
2. Subjective and Objective (SOAPE) (Was there adequate discussion of the subjective and objective findings including diagnostic tests and x-rays?)										
Comment: _____										
3. Assessment and Plan (SOAPE) (Was there adequate discussion of the assessment and plan?)										
Comment: _____										
4. Education (SOAPE) (Was there adequate discussion and understanding by the patient of the important issues during the health care visit?)										
Comment: _____										
5. Clinical – Dental Practice (Was there proficiency in using the dental equipment and materials during the procedure as well as in applying infection control procedures?)										
Comment: _____										
6. Clinical – Patient Care (Was the procedure performed with proficiency so that patient comfort was kept in mind?)										
Comment: _____										
7. Clinical Interaction With Auxiliary Staff (Was the auxiliary dental staff given clinical direction in an adequate manner?)										
Comment: _____										
8. Clinical Complications (If complications occurred, was there adequate discussion of the complications?)										
Comment: _____										
9. Medication (Was there adequate discussion of the medication prescribed?)										
Comment: _____										
10. Follow-Up (Was there adequate discussion of a follow-up visit?)										
Comment: _____										
11. Complexity (circle one) (How complex was this case?)	Simple			Average				Difficult		
Comment: _____										

Scoring:

Total Score: _____

75-100

No further action required. (Any single score(s) of 5 or below will be referred to the Dentist for discussion and review and/or correction or aftercare.)

50-74

Referred to Dentist for discussion and review. (Any score(s) of 5 or below will be referred to the Dentist for discussion and review and/or correction or aftercare.)

Below 50

Referred to Dentist for discussion and review and/or correction or aftercare. (The Chief of Staff may be notified.)

Reviewing Dentist Signature

Print Name

Date

During the proctoring period, a minimum of 6 chart review cases and 3 clinical review cases shall be reviewed. The proctoring period may be extended in 30-day increments up to a total of 12 months.

CHAPTER 4.4

Dental Program Subcommittee

I. POLICY

The Division of Correctional Health Care Services (DCHCS) Quality Management Committee (QMC) shall maintain a Dental Program Subcommittee (DPS) to provide oversight and coordination of statewide dental programs in order to achieve the DCHCS's strategic objectives. The DCHCS DPS shall plan, develop, and manage timely access to effective and appropriate dental services consistent with the standards of the California Department of Corrections and Rehabilitation (CDCR).

II. PURPOSE

To ensure that CDCR inmate-patients are provided with quality dental services that are cost effective and in compliance with all applicable laws, regulations, policies, and procedures.

III. RESPONSIBILITIES

The DCHCS DPS shall be responsible for the following as they relate to the performance of CDCR dental clinical programs:

- A. Developing annual strategic objectives for the programs.
- B. Implementing initiatives to achieve the programs' objectives.
- C. Developing statewide program standards and policies.
- D. Developing clinical indicators to assess whether program standards are being met.
- E. Reviewing program performance based on compliance with the clinical indicators.
- F. Monitoring compliance with program standards using the clinical indicators and other selected audit tools.
- G. Recommending strategies for improvement to the DCHCS QMC.
- H. Developing standardized management reports presenting analysis and results of the programs' performance.
- I. Developing training curricula and plans.

IV. MEMBERSHIP

- A. The members of the DCHCS DPS shall be selected so as to represent the program and functional areas of the DCHCS that are necessary for the appropriate and coordinated delivery of health care services.
- B. The DCHCS Governing Body shall select the DCHCS DPS Chairperson, who shall serve for at least one year.
- C. The DCHCS DPS shall include the following members:
 1. Chief Dentist, Clinical Standards and Services Unit, DCHCS.
 2. Chief Medical Officer, Clinical Standards and Services Unit, DCHCS
 3. Nurse Consultant III – Supervisor, DCHCS
 4. Facility Captain, Quality Management Assessment Team (QMAT)
 5. Health Program Manager, Program and Policy Coordination, DCHCS

6. Staff Services Manager, Information Services, DCHCS
7. Staff Services Manager, Fiscal Management, DCHCS
8. Staff Services Manager, Risk Management Unit, DCHCS
9. Staff Services Manager, Clinical Program Support Unit, DCHCS
10. A designated alternate for any of the above members may attend when necessary.

V. MEETING SCHEDULE AND QUORUM

- A. The DCHCS DPS shall meet at least monthly.
- B. The presence of at least one-half of the committee members shall constitute a quorum.
- C. Meeting minutes shall be recorded by the DCHCS office technician.

Chapter 4.5

Dental Authorization Review Committee (E)

I. POLICY

Each California Department of Corrections and Rehabilitation (CDCR) institution shall establish a Dental Authorization Review Committee (DAR).

II. PURPOSE

The DAR shall be established for the purpose of approving or disapproving requests for otherwise excluded dental services, determining the appropriateness of treatment provided by the institution's dentists, reviewing treatment recommendations for special dental care needs, and evaluating the cost efficiency and effectiveness of the dental services provided at the institution.

III. PROCEDURE

A. MEMBERSHIP

The permanent membership of the DAR shall consist of the:

The Chief Dentist (CD), or designee

A Staff Dentist as Chairperson.

A Staff Dentist as Vice-Chairperson.

Representatives from other institution services or divisions shall be invited, when appropriate, to committee meetings.

B. MEETINGS

1. The committee shall regularly meet on a monthly basis, but may meet more often if deemed necessary by the CD.
2. A written agenda shall be formulated under the direction of the Committee Chairperson, or designee, and distributed by the office technician (OT) to all attendees prior to each meeting. Requests for items to be placed on the agenda must arrive to the Chairperson ten (10) working days prior to the regularly scheduled committee meeting.
3. The CD shall maintain written minutes recorded by the OT of all committee meetings, which shall contain specific recommendations for action, when appropriate. A draft of the minutes shall be distributed to all attendees as promptly as possible by the OT.
4. Each recommendation shall be reviewed as part of old business at subsequent meetings and shall continue to be monitored until resolved. A copy of all approved minutes shall be forwarded to the Health Care Manager/Chief Medical Officer by the OT.

C. COMMITTEE FUNCTIONS

1. Review of Requests for Excluded Dental Services

- a. Committee decisions concerning requests for excluded dental services shall be based on criteria established in the *California Code of Regulations* Title 15, Section 3350.1 (d), and shall be documented in the inmate's Unit Health Record.
- b. Cases approved by the committee shall be forwarded, along with all supporting documentation, to the Health Care Review Committee (HCRC).
- c. The attending dentist at the facility shall review all internal consultation reports, lab reports, and reports from dental treatment outside the facility within seven (7) working days of receipt of the report by the dental clinic. The dentist shall make a notation in the dental section of the Unit Health Record on the CDCR Form 237 C or C-1, which shall be dated and signed.

2. Quality Review Functions

The Committee shall conduct audits of each institution dental clinics:

- Infection control practices.
- Treatment planning for all priorities.
- Basic preventive services.
- Dental care provided based on each inmate-patient's eligibility for care and priority of need. This shall be accomplished by a review of monthly reports in order to:
 - Ensure that all inmate-patients are receiving equal and timely access to dental care.
 - Identify factors that contribute to a facility's ability to consistently report data that indicates a high level of efficiency and productivity.

3. Review of Dental Health Records and Evaluation of Clinic Records Management

The Committee shall review the following aspects of Dental Health Records:

- Contents, organization, and maintenance.
- Record storage.

4. Review of Appropriateness of Treatment Provided

- Evidence or information brought to the attention of the CD concerning a possible unacceptable standard of care being provided by a dental care provider shall be reviewed by a subcommittee appointed by the DAR. A member of the DAR, appointed by the CD, shall chair the Subcommittee.
- The committee shall review all relevant findings, allegations, records, and interview available staff, and shall make proposals to the CD, which may include a recommendation for an investigation.

5. Review of Dental Resource Utilization

- a. Budget
 - 1. Dental laboratory expenditures.
 - 2. Personnel expenditures.
 - Continuing education and professional development.
 - Administrative travel.
 - Personal services, contracts, and off-site specialty referrals.
 - 3. Pharmaceutical costs.
 - Non-formulary requests.
 - Annual review of formulary/non-formulary nomenclature.
 - 4. Supply costs.
- b. Dental Staff
 - 1. Audit findings – verification of monthly reports and data submitted.
 - 2. Provision of equal and timely access to care.
 - General population and Ad. Seg. population data.
 - Sick call/routine care delays.
 - 3. Monthly reports/encounter forms (quantity of care).
 - Number of inmate-patient visits.
 - Procedures per visit.
 - Number of treatment procedures provided.
 - Adherence to treatment priorities.
 - 4. Staff assignments.
 - 5. Credentialing, and licensing.
- c. Supplies.
 - 1. Supply usage.
 - 2. New product needs.
 - 3. Annual update of supply inventory list.
- d. Equipment
 - 1. Annual update of equipment inventory.
 - 2. Major equipment requirements/needs.
 - 3. Telemedicine usage.
 - 4. Repair and maintenance.
 - 5. New technology (e.g., computers).
 - 6. Spore test and sterilizer maintenance logs.
- e. Physical plant.
 - 1. Space requirements.

2. Satellite clinics.
3. New construction/repairs.
4. Clinic environment, i.e., heating, air-conditioning, ventilation.

f. Special Dental Care Needs Review.

Special dental care needs are excluded treatments, or treatment procedures not identified and described as a Priority 1, 2, or 3 procedure. They also include procedures in which the treating dentist recommends an exception to policy based on a documented oral condition.

- Providing special dental care needs to inmate-patients requires pre-authorization by the CD and review by the DAR. Pre-authorization by the CD is also required prior to beginning any treatment beyond that necessary to relieve symptoms.
- Requests for special dental care needs shall be submitted by the treating dentist to the CD for consideration by the DAR.
- Cases submitted for review and approval shall, at a minimum, include the following:
 - Copy of inmate-patient dental record.
 - Current radiographs (i.e. Panorex, peri-apical, full mouth series) as appropriate. Radiographs shall be labeled with the inmate-patient's name, CDCR number, date of birth, date radiograph was taken, and facility where taken.
 - Patient dental study models.
 - Any other relevant documents.
- Requests for excluded dental care or special dental care needs shall be evaluated by the DAR and forwarded with a written recommendation to the HCRC for approval or disapproval.

Chapter 4.6

Dental Radiography and Film Processing Quality Assurance (E)

I. POLICY

It shall be the policy of the California Department of Corrections and Rehabilitation that all employees shall adhere to Dental Radiography and Film Processing mandates and procedures when taking and processing dental radiographs. The Chief Dentist (CD) shall be responsible for the implementation of a quality assurance program for the purpose of monitoring environmental radiation safety procedures, and staff compliance to State and Federal mandates when taking and processing dental radiographs.

II. PURPOSE

To establish guidelines and procedures that result in dental radiographs that are of high diagnostic quality and are produced and processed in a safe manner, and to ensure the safety of staff, inmate-patients, and the workspace environment.

III. PROCEDURE

A. Basic Procedures

1. Unexposed radiographic film shall be stored, in accordance with manufacturer's recommendations, in an area in the dental department that is free of radiation.
2. Exposed radiographic films shall be processed according to the specifications supplied by the film manufacturer and the film processor manufacturer.
3. All radiographic film and the chemicals used in the processor shall be checked for expiration dates. Film and chemicals shall not be used after the expiration date.
4. Chemicals shall be replaced by dental employees according to the manufacturer's recommended interval, which is bi-weekly, or when other test limits are exceeded.
5. Automatic Dental Radiographic Film Processing Equipment:
 - a. The temperature of processor chemicals shall be checked at the beginning of the workday. Radiographic films shall not be processed until the developer temperature is between 70 to 82° F (for Peri Pro Processors), and 74 to 76 °F (for Peri Pro II Processors). If another brand of processor is utilized, the manufacturer's specifications shall be verified and utilized. The temperature of processor chemicals shall be rechecked throughout the workday, as necessary.
 - b. Cleanup or blank radiographic films shall be run daily or more often as specified by the manufacturer, to verify correct operation of the processing equipment.
 - c. The processor shall be maintained according to the instructions in the manufacturer's operating manual. (Refer to Peri Pro solution and processor maintenance.)
6. Automatic processors ensure more consistent radiographic film quality and shelf life, therefore, the manual processing of dental radiographs is not recommended.

7. Each dental department shall have, at a minimum, one functioning back-up automatic dental radiographic film processor for use in the event that one of the facility's dental automatic processors malfunctions or is taken out of service.
8. A cleaning and maintenance schedule for panographic equipment, intensifying screens, and cassettes shall be followed each quarter or more often if indicated, in accordance with the manufacturer's instructions. Certain conditions of the intensifying screens will result in eventual wear and replacement.
9. Under the direction of the CD or designee, designated dental staff shall:
 - a. Schedule and coordinate with vendors for contracted maintenance of machines.
 - b. Coordinate with institutions HazMat for pick up of hazardous waste.

B. Quality Assurance (QA) Tests

1. A staff member selected by the CD or designee shall perform QA testing procedures at specified intervals on all automatic dental radiographic film processors. The QA test shall be performed bi-weekly before processing patient films. (Refer to Peri Pro Solution and Processor maintenance in Section F of the Owner's Manual). Data from QA tests shall be recorded in the Dental Radiology QA log.
2. Records of QA tests shall be stored and maintained by the CD for a period of three years.
3. All dental staff members shall sign and adhere to the radiographic certification statement found at the end of this chapter.

C. Lead Protective Equipment Inspection and Testing

1. All leaded protective equipment, (i.e., aprons, thyroid shields, gonad shields), shall be inspected annually.
2. Annual testing of lead protective equipment shall be performed by manually feeling the equipment to detect any tears, cracks, or holes in the lead. The method of inspection, date inspected, and inspector's name shall be documented in the Dental Radiology QA log.
3. Defective or damaged protective equipment shall be replaced.

D. Daily Start-up of Peri Pro Automatic Dental Radiographic Film Processors

1. Prior to start-up, the processor transport assembly shall be checked to ensure that it is properly installed in accordance with the manufacturer's recommendations.
2. Prior to startup, the solution levels shall be checked and chemicals or water added to the appropriate solution tanks, if necessary.
3. After the processor has been turned on and a sufficient warm-up period has elapsed, the developer temperature shall be manually checked.

- **RADIOGRAPHIC FILM SHALL NOT BE PROCESSED UNTIL DEVELOPER TEMPERATURE IS:**

Peri Pro – 70 to 82 ° F

Peri Pro II – 74 to 76 ° F

4. The processor temperature shall be recorded in the QA log and the entry initialed. Corrective actions, according to manufacturer's recommendations, (i.e., Peri Pro Manual, Peri Pro II Manual) must be taken if the temperature is not within tolerable range. Note: If the Peri Pro II's heater bar malfunctions the unit may be unplugged, the heater bar removed and the unit operated like the Peri Pro. If this is done it must be documented in the comment section of the QA Log. The action taken and the results must be recorded in the log and the entry initialed.
5. Prior to processing actual films, a clean-up film shall be processed to verify the equipment is working properly.
6. All films shall be processed according to the manufacturer's recommendations.

E. Peri Pro Solution and Processor Maintenance

1. On a weekly basis or after processing 100 to 125 films, whichever is sooner, staff shall:
 - a. Unplug the unit from the electrical outlet.
 - b. Put on protective gear, (eyewear or shield, gloves, etc.)
 - c. Remove the film receptacle and cover.
 - d. Lift transport and hold to drain. ***CAUTION MUST BE TAKEN TO AVOID SPLASHING CHEMICALS, OR CONTAMINATION MAY RESULT.**
 - e. Place transport on service tray.
 - f. Rinse transport thoroughly with hot water. ***CAUTION MUST BE TAKEN TO KEEP INLET AND SHUTTER AREA DRY.**
 - g. Scrub the grooves with a toothbrush. Special attention should be given to the chemistry line where build-up occurs. Rinse to remove deposits.
 - h. Scrub and rinse gears at rear of transport.
 - i. Remove water tank and discard water.
 - j. Clean water tank. ***IF THERE IS AN ALGAE-LIKE OR SLIMY COATING IN THE TANK, A SMALL AMOUNT OF CHLORINE BLEACH MAY BE HELPFUL IN CLEANING THE TANK. THE TANK MUST BE RINSED THOROUGHLY TO REMOVE ALL BLEACH.**
 - k. Refill water tank with 70 to 80° F water.
 - l. Check developer and fixer levels and restore to proper levels.
 - m. Reinsert transport slowly into place.
 - n. Reinstall cover and film receptacle.
 - o. Plug electrical cord into outlet.
 - p. Record maintenance in log and initial entry.
 - q. Proceed with Daily Start-up before processing films.

2. On a bi-weekly basis, or after processing 300 to 350 films, whichever is sooner, staff shall:
 - a. Follow the first ten steps of the Weekly Maintenance schedule.
 - b. Remove heater bar assembly (if utilizing the Peri Pro II).
 - c. Place the heater bar on support of service tray.
 - d. Gently wipe residue with damp cloth. ***CAUTION MUST BE TAKEN TO KEEP THE BROWN SECTION OF THE BAR DRY WHEN CLEANING HEATERS.**

F. Peri Pro and Peri Pro II tank maintenance

1. Remove Developer and Fixer tanks.
2. Used Developer and Fixer shall be poured into separate, labeled, Biohazard storage containers.
3. The tanks shall be rinsed and sponged clean.
4. Insert Fixer tank only.
5. Carefully pour Peri Pro Fixer into Fixer tank (red). ***CAUTION MUST BE TAKEN TO AVOID CONTAMINATING THE DEVELOPER.**
6. Insert developer (black) tank and fill with Peri Pro Developer.
7. Insert water tank and fill with 70 to 80 ° F water.
8. Slowly reinsert the transport into place.

G. Peri Pro II

1. Reinstall heater bar assembly.
2. Reinstall cover and film receptacle.
3. Plug electrical cord into outlet.
4. Record maintenance in log and initial entry.
5. Complete Daily Start-Up procedures before processing film.
6. A bi-weekly QA test, shall be performed before processing patient films, as follows:
 - a. Process an unexposed film.
 - b. Momentarily expose a film to room light and process.
 - c. The unexposed film should be completely clear.
 - d. The light exposed film should be completely black.
 - e. If the results differ from the previous two steps, the trouble shooting section of *Air Techniques Instruction Manual* for Peri Pro Processors shall be consulted.
 - f. Test results and any corrective actions taken shall be recorded in the QA log and the entry initialed.
 - g. The test films shall be dated and retained as proof of test, subject to audit. Test films may be disposed of after the completion of an audit.

CERTIFYING STATEMENT

The dental radiography policies and procedures (P/P) have been developed to ensure safe radiological working conditions. I will implement and follow the P/P and will obtain prior approval from the Dental Authorization Review Committee for any deviation from the P/P.

Dental Staff Signature

Date

Chief Dentist Signature

Date

CHAPTER 4.7

Clinic Space, Equipment, and Supplies (E)

I. POLICY

All California Department of Corrections and Rehabilitation (CDCR) dental departments shall be provided with sufficient suitable space, equipment, and supplies to provide and maintain an adequate dental health care delivery system in each institution. Major and minor dental equipment (e.g., dental operatory chair and delivery systems, handpieces, x-ray units, sterilizers, vacuums, and compressors) shall be standardized statewide in all dental clinics to ensure safety and allow for a consistent level of care, facilitate in the training of all staff, and increase the efficiency in the delivery of dental care. All staff shall receive training on the proper operation and maintenance of major and minor dental equipment.

II. PURPOSE

To establish guidelines and basic requirements for adequate space, equipment, and supplies in order to deliver dental services in CDCR facilities.

III. PROCEDURE

- A. Examination and treatment rooms for dental care shall be large enough to accommodate the equipment and fixtures needed to deliver adequate dental services.
- B. Each dental clinic shall have pharmaceuticals, medical supplies, and mobile emergency equipment, (i.e., crash carts, oxygen, resuscitator, etc.) available.
- C. Each dentist shall have access to adequate office space that is separate and apart from clinical treatment areas.
- D. Offices shall be large enough to accommodate administrative files, phones, computers, and a writing desk.
- E. If laboratory, radiological, inpatient, or specialty services are provided on site, the area(s) devoted to any of these services shall be appropriately constructed in accordance with State and Federal guidelines for health and safety, and be of sufficient size to accommodate all necessary equipment, records, supplies, tools, etc.
- F. The following major and minor dental equipment shall be replaced according to the indicated replacement cycle date or, if applicable, according to the manufacturer's instructions, whichever is sooner:

• Dental Operatory System	Every 10 years
• Panoramic Unit	Every 15 years
• Intraoral Radiographic Unit	Every 15 years
• Vacuum/Compressors	Every 5-7 years

- Autoclave Every 5 years

G. The Chief Dentist, or designee, at each institution shall be involved in the development of the scope of services and the interviewing of vendors offering to service and/or repair major dental equipment, in order to ensure that the maintenance personnel are currently certified to service and/or repair the equipment in need of such services.

The evaluation and selection of major and minor dental equipment shall be determined by the CDCR Division of Correctional Health Care Services (DCHCS) Dental Program. The research and evaluation process shall include but is not limited to: (1) product evaluation reports from the United States Air Force, and the American Dental Association; (2) evaluation and analysis of the quality and performance factors of existing dental equipment in CDCR, and other agencies (e.g., Veterans Administration, Dental Schools, Military Armed Forces) by DCHCS Dental Program Administrators. After a period of five (5) years or longer, depending on the replacement cycle of the equipment, a re-evaluation, analysis, and selection of major and minor dental equipment shall be conducted by CDCR DCHCS Dental Program Administrators.

H. The selection of major dental equipment manufacturers for the years 2006-2011 are:

- A-dec corporation for dental operatories and chairs
- Planmeca for dental x-ray units
- A-dec LISA for dental sterilizers
- AirTechniques for dental compressors and vacuum units
- A-dec/W&H Assistina for handpiece maintenance system

CHAPTER 4.8

Inmate Dental Workers (E)

I. POLICY

Dental departments within the California Department of Corrections and Rehabilitation (CDCR) may utilize inmates as dental laboratory technicians, and dental porters. The utilization of inmate dental workers shall require the prior approval of the Institution's Associate Warden for Health Care Services.

II. PURPOSE

To establish guidelines for the utilization of inmate workers in CDCR dental departments.

III. PROCEDURE

A. Inmates shall be prohibited from performing the following duties in all CDCR dental departments:

1. Providing direct patient care services.
2. Scheduling health care appointments.
3. Determining inmates' access to dental services.
4. Handling or having access to surgical instruments, syringes, and needles.
5. Operating medical/dental equipment.
6. Handling or having access to medications or health records.

B. CDCR dental departments may utilize inmate workers as dental laboratory technicians, and porters only after the inmate workers have met the following requirements:

1. Successfully completed training in Bloodborne Pathogens Regulations and SB 198 *Injury and Illness Prevention Program*. Minutes of all inmate-training sessions and a statement of completion of the training, signed by the inmate, shall be documented and kept on file by the inmate supervisor prior to the inmate performing any work assignments.
2. Been offered a Hepatitis B vaccination series.

C. All inmate workers shall have signed duty statements listing the job performance requirements and health and safety regulations.

D. Dental inmate workers shall adhere to all safety, security, and custodial regulations while working in the dental department.

E. All dental inmate workers shall be assigned to the dental department by the facility's Inmate Work Incentive Program (IWIP) Coordinator.

- F. All supervisors of dental inmate workers shall adhere to and enforce the rules and regulations of the IWIP in the supervision of inmate workers.
- G. All dental inmate workers shall be under the direct supervision of a CDCR staff member at all times excluding the office technician.
- H. All dental inmate workers shall receive annual training in Blood Borne Pathogens Regulations and monthly training in SB 198 *Injury and Illness Prevention Program*. Training may be provided more frequently if necessary.